

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/563108

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		2		/		
6		⊙		/		
7		⊙		/		
8		⊙		/		
9		⊙		/		
10		⊙		/		
11		⊙		/		
12		⊙		/		
13		⊙		/		
14		⊙		/		
15		⊙		/		
16		⊙		/		
17		⊙		/		
18	/		/			
19		/		/		
20		/		/		
21		/		/		
22		2		/		
23		⊙		/		
24		⊙		/		
25		⊙		/		
26		⊙		/		
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	29	←		←
TOTAL CLAIMS			31			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						